

Updates to AIM Specialty Health advanced imaging *Clinical Appropriateness Guidelines*

Effective for dates of service on and after August 16, 2020, the following updates will apply to the AIM Specialty Health®* advanced imaging of the chest, vascular imaging and AIM oncologic imaging *Clinical Appropriateness Guidelines* for members enrolled in Anthem HealthKeepers Plus.

Vascular imaging updates by section

- Aneurysm of the abdominal aorta or iliac arteries:
 - Added new indication for asymptomatic enlargement by imaging
 - Clarified surveillance intervals for stable aneurysms as follows:
 - Treated with endografts, annually
 - Treated with open surgical repair, every five years
- Stenosis or occlusion of the abdominal aorta or branch vessels, not otherwise specified:
 - Added surveillance indication and interval for surgical bypass grafts

Advanced imaging of the chest updates by section

- Tumor or neoplasm:
 - Allowed follow-up of nodules less than 6 mm in size seen on incomplete thoracic CT scan, in alignment with follow-up recommendations for nodules of the same size seen on complete thoracic CT scan
 - Added new criteria for which follow-up is indicated for mediastinal and hilar lymphadenopathy
 - Separated mediastinal/hilar mass from lymphadenopathy, which now has its own entry
- Parenchymal lung disease —not otherwise specified:
 - Removed as it is covered elsewhere in the document (parenchymal disease in occupational lung diseases and pleural disease in other thoracic mass lesions)
- Interstitial lung disease, nonoccupational including idiopathic pulmonary fibrosis:
 - Defined criteria warranting advanced imaging for both diagnosis and management
- Occupational lung disease (adult only):
 - Moved parenchymal component of asbestosis into this indication
 - Added berylliosis
- Chest wall and diaphragmatic conditions:
 - Removed screening indication for implant rupture due to lack of evidence indicating that outcomes are improved
 - Limited evaluation of clinically suspected rupture to patients with silicone implants

Oncologic imaging updates by section

- MRI breast:
 - New indication for breast implant associated anaplastic large cell lymphoma
 - New indication for pathologic nipple discharge
 - Further define the population of patients most likely to benefit from preoperative MRI

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<https://medproviders.anthem.com/va>

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- Breast cancer screening:
 - Added new high-risk genetic mutations appropriate for annual breast MRI screening
- Lung cancer screening:
 - Added asbestos-related lung disease as a risk factor

As a reminder, ordering and servicing providers may submit prior authorization requests to AIM in one of several ways:

- Access AIM's *ProviderPortal*_{SM} directly at <https://providerportal.com>. Online access is available 24/7 to process orders in real time, and is the fastest and most convenient way to request authorization.
- Access AIM via the Availity Portal* at <https://www.availity.com>.
- Call the AIM Contact Center toll-free number at **1-800-714-0040** from 7 a.m. to 7 p.m.

If you have questions related to guidelines, please contact AIM via email at aim.guidelines@aimspecialtyhealth.com. Additionally, you can access and download a copy of the current and upcoming guidelines [here](#).